

COMPLETE ONE APPLICATION FOR EACH INVESTMENT OF CERTIFIED CAPITAL		
<b>Type of Request:</b> (check one) <input type="checkbox"/> Insurance Premium Tax Credit <input type="checkbox"/> Income Tax Credit		
Full name of investor seeking to receive tax credit:		
Address (Street and/or P.O. Box, City, State, Zip Code):		
Tax Year Beginning _____ Ending _____		
Federal Tax ID Number/SSN:	NAIC Number:	LA State Income Tax Number:
LOUISIANA CERTIFIED CAPITAL COMPANY TO RECEIVE INVESTMENT OF CERTIFIED CAPITAL		
1. Name:		
2(a). \$ _____	Amount of Certified Capital Contributed <b>OR</b>	
2(b). \$ _____	Amount requested under the Irrevocable and Binding Letter of Intent by Investor ( <b>Form B must accompany this request</b> )	
2(c). \$ _____	Amount of tax credit requested	
Signature of investor: _____		
Print name: _____		
Title: _____		
Date: _____		
Signature of certified capital company authorized representative: _____		
Print name: _____		
Title: _____		
Date: _____		